

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 14, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Walgreens requesting class D liquor licenses.

The following are the requested locations: 5701 Village Blvd, 1301 'O', 2600 South 48th, 5500 Red Rock, 4811 'O', 2502 North 48th, 7045 'O', 1701 South, 8300 Northern Lights, 4000 South 70th, 2630 Pine Lake.

James Karins has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

James Karins was born in Baltimore, Maryland. He attended the University of Missouri graduating in 1988.

Mr. Karins has been employed by Walgreens since 1989.

The required training will be completed on January 14th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES (CHECK DESIRED CLASS(S))

RETAIL LICENSE(S)

| | | Application Fee |
|-------------------------------------|---|-----------------|
| <input type="checkbox"/> | A BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | Class K Catering license (requires catering application form) | \$100.00 |

MISCELLANEOUS

| | | Application Fee | Bond Required |
|--------------------------|--|-----------------------------|-----------------|
| <input type="checkbox"/> | L Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | O Boat | \$95.00 | none |
| <input type="checkbox"/> | V Manufacturer | | |
| <input type="checkbox"/> | Alcohol & Spirits | \$1,045.00 | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$145.00 1 to 100 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$245.00 100 to 150 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$395.00 150 to 200 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$545.00 200 to 300 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$695.00 300 to 400 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | Beer (excluding produced by a craft brewery) | \$745.00 400 to 500 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | W Wholesale Beer | \$545.00 | \$5,000 minimum |
| <input type="checkbox"/> | X Wholesale Liquor | \$795.00 | \$5,000 minimum |
| <input type="checkbox"/> | Y Farm Winery | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | Z Micro Distillery | \$295.00 | \$1,000 minimum |

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Brett Campbell Phone number: 847-527-4013

Firm Name WALGREEN CO.

PREMISE INFORMATION**RECEIVED**Trade Name (doing business as) Walgreens #02845 NOV 24 2009Street Address #1 5701 Village Drive

Street Address #2 _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**City Lincoln County Lancaster Zip Code 68516Premise Telephone number 402-421-7119Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name WALGREEN CO., Attn: Brett CampbellStreet Address
#1 P.O. Box 901, Deerfield, IL 60015Street Address
#2 300 Wilmot Road, MS #3301City Deerfield State IL Zip Code 60015**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See Attached Drawing

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual name.

☐ YES ☒ NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. The store manager's bonus is based on total year end store profits and the landlord may be entitled to a percentage of sales. Shareholders also have financial interest.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

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If yes, list the person, the law enforcement agency involved and the person's exact duties

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CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Bank of America - Rick Hans

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See attached rider

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Need Training

| Name: | Date: | Where: |
|-------------|-------|----------------------|
| James Karin | 89-90 | Missouri - Walgreens |
| | | |
| | | |

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 6/30/2042

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Opened 10/5/1992

15. What will be the main nature of business? Retail Drug Store

16. What are the anticipated hours of operation? 8:00am - 10:00pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR FROM TO | SPOUSE: CITY & STATE | YEAR FROM TO |
|-------------------------|-----------------|----------------------|-----------------|
| See attached | | | |
| | | | |
| | | | |
| | | | |



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NEBRASKA LIQUOR
CONTROL COMMISSION

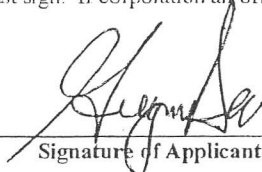
OFFICER ADDRESSES (PREVIOUS 10 YEARS)

| | | |
|---------------------|--|---|
| Gregory D. Wasson | 1724 Holly Ct., Long Grove, IL 60047 | 02/1999 – Present |
| Mark A. Wagner | 1127 S. Ridge Rd., Lake Forest, IL 60045 1127 N. Lincoln Avenue, Chicago, IL | 05/2001 – Present 1996 - 2003 |
| Margarita E. Kellen | 845 Wagner Rd., Glenview, IL 60025 | 01/1984 – Present |
| Jason M. Dubinsky | 1156 Cherry St., Deerfield, IL 60015 1157 W. Newport Ave, Chicago IL 1322 W. Eddy St, Chciago, IL 77 Park Avenue, Hoboken, NJ | 2008 – Present 2003 - 2008 2001 - 2003 2000 - 2001 |

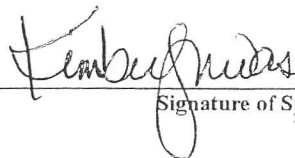
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.


Signature of Applicant

Gregory D. Wasson
President & CEO


Signature of Spouse

Kimberly R. Wasson
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Signature of Applicant

Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Illinois

County of Lake

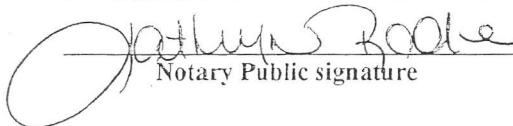
The foregoing instrument was acknowledged before
me this 11/2/09 by

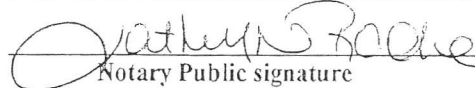
Gregory D. Wasson

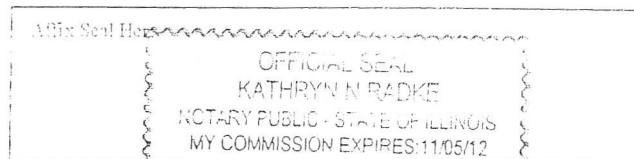
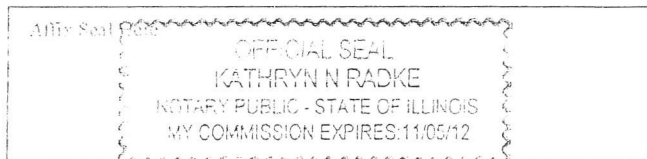
County of Lake

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me this 11/2/09 by

Kimberly R. Wasson


Notary Public signature


Notary Public signature



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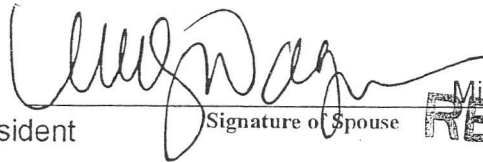
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Signature of Applicant

Mark A. Wagner
Executive Vice President



Signature of Spouse

Mimi Jung Wagner
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Signature of Applicant

Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

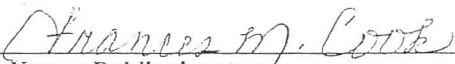
Signature of Spouse

State of ~~Nebraska~~ Illinois

County of LAKE

The foregoing instrument was acknowledged before me this 11/02/2009 by

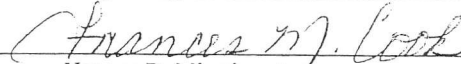
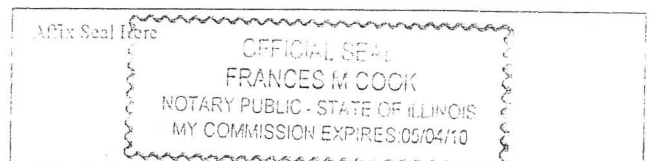
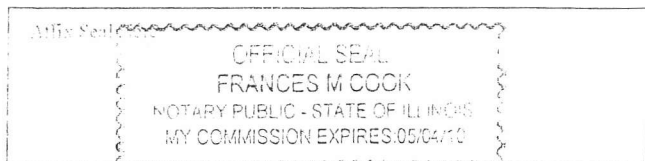
Mark A. Wagner


Notary Public signature

County of LAKE

The foregoing instrument was acknowledged before me this 11/02/2009 by

Mimi Jung Wagner


Notary Public signature

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Margarita E. Kellen
Signature of Applicant
Margarita E. Kellen
Assistant Secretary

Kevin Mathis Kellen
Signature of Spouse
Kevin Mathis Kellen

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Signature of Applicant

Signature of Spouse

NOV 24 2009

Signature of Applicant

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~XXXX~~ Illinois

County of LAKE

The foregoing instrument was acknowledged before me this 29th Oct 2009 by

Margarita E. Kellen

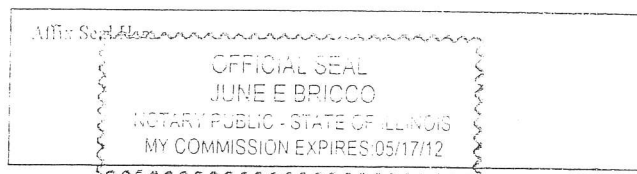
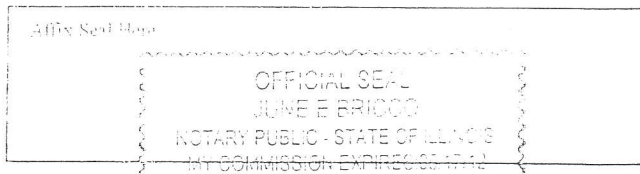
[Signature]
Notary Public signature

County of LAKE

The foregoing instrument was acknowledged before me this 29th Oct 2009 by

Kevin Mathis Kellen

[Signature]
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

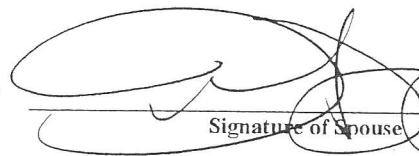
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Signature of Applicant Jason M. Dubinsky
Treasurer



Signature of Spouse Jennifer Dubinsky

NOV 24 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

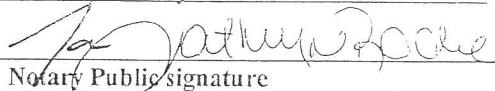
Signature of Spouse

State of ~~Nebraska~~ Illinois

County of Lake

The foregoing instrument was acknowledged before
me this 11/11/09 by

Jason M. Dubinsky

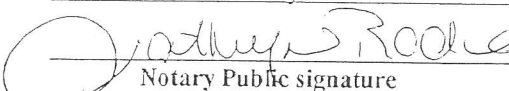


Notary Public signature

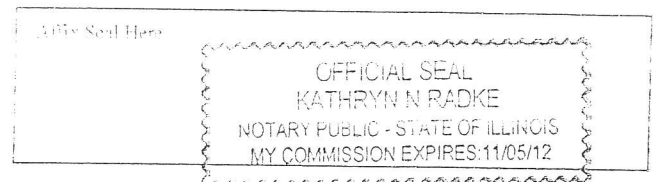
County of Lake

The foregoing instrument was acknowledged before
me this 11/11/09 by

Jennifer Dubinsky



Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

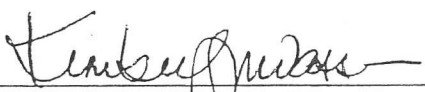
NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

NOV 24 2009

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.


Signature of spouse asking for waiver
(Spouse of individual listed below)

Kimberly R. Wasson
Printed name of spouse asking for waiver

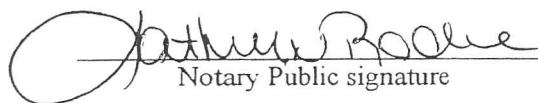
State of Illinois

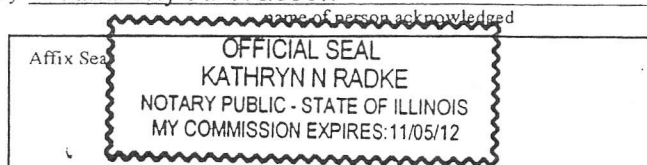
County of Lake

11/2/09
date

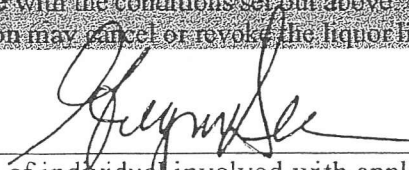
The foregoing instrument was acknowledged before me this

by Kimberly R. Wasson


Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.


Signature of individual involved with application
(Spouse of individual listed above)

Gregory D. Wasson
Printed name of applying individual


State of Illinois

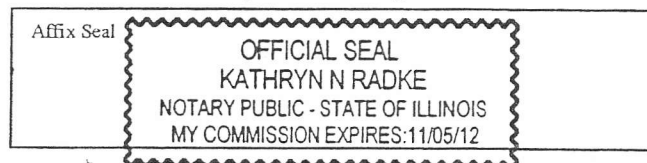
County of Lake

11/2/09
date

The foregoing instrument was acknowledged before me this

by Gregory D. Wasson


Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**


NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lec.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver
(Spouse of individual listed below)

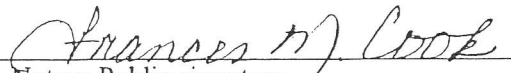
Mimi Jung Wagner

Printed name of spouse asking for waiver

State of Illinois

County of LAKE

11/02/2009
date



Notary Public signature

The foregoing instrument was acknowledged before me this


by Mimi Jung Wagner

name of person acknowledged

Affix Seal

OFFICIAL SEAL
FRANCES M COOK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/04/10

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application
(Spouse of individual listed above)

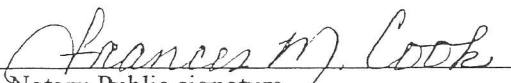
Mark A. Wagner

Printed name of applying individual

State of Illinois

County of LAKE

11/02/2009
date



Notary Public signature

The foregoing instrument was acknowledged before me this

by Mark A. Wagner

name of person acknowledged

Affix Seal

OFFICIAL SEAL
FRANCES M COOK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/04/10

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

NOV 24 2009

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Kevin M. Kellen

Signature of spouse asking for waiver
(Spouse of individual listed below)

Kevin Mathis Kellen

Printed name of spouse asking for waiver

State of Illinois

County of LAKE

10/29/2009
date

The foregoing instrument was acknowledged before me this

by Kevin Mathis Kellen

name of person acknowledged

June E. Bracco
Notary Public signature

Affix Seal

OFFICIAL SEAL
JUNE E BRICCO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/17/12

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Margarita E. Kellen

Signature of individual involved with application
(Spouse of individual listed above)

Margarita E. Kellen

Printed name of applying individual

State of Illinois

County of LAKE

10/29/2009
date

The foregoing instrument was acknowledged before me this

by Margarita E. Kellen

name of person acknowledged

June E. Bracco
Notary Public signature

Affix Seal

OFFICIAL SEAL
JUNE E BRICCO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/17/12

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SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

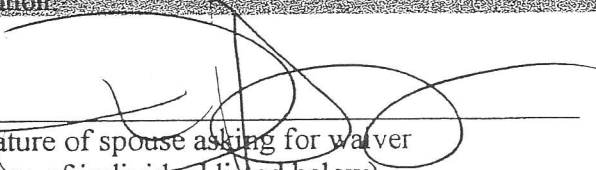
Office Use

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NOV 24 2009

NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.


Signature of spouse asking for waiver
(Spouse of individual listed below)

Jennifer Dubinsky

Printed name of spouse asking for waiver

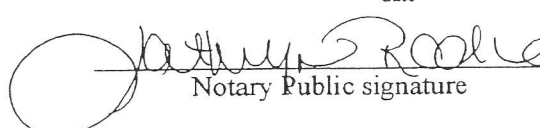
State of IllinoisCounty of Lake11/11/09

date

The foregoing instrument was acknowledged before me this

by Jennifer Dubinsky

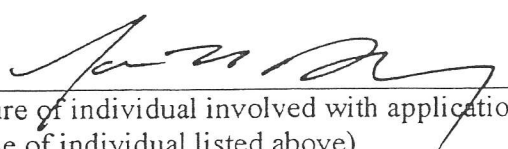
name of person acknowledged


Notary Public signature

Affix Seal

OFFICIAL SEAL
KATHRYN N RADKE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/05/12

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.


Signature of individual involved with application
(Spouse of individual listed above)

Jason M. Dubinsky

Printed name of applying individual

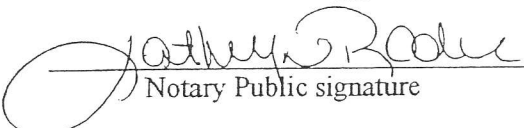
State of IllinoisCounty of Lake11/11/09

date

The foregoing instrument was acknowledged before me this

by Jason M. Dubinsky

name of person acknowledged


Notary Public signature

Affix Seal

OFFICIAL SEAL
KATHRYN N RADKE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/05/12

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: The Prentice-Hall Corporation System, Inc.

Name of Corporation that will hold license as listed on the Articles

Walgreen Co.

Corporation Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Corporation Phone Number: 847-527-4617 Fax Number 847-368-6690

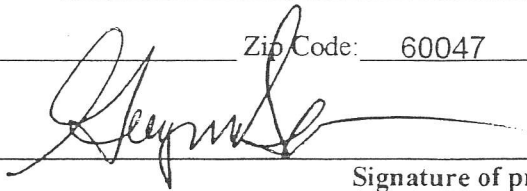
Total Number of Corporation Shares Issued: 1,025,400,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Wasson First Name: Gregory MI: D.

Home Address: 1724 RFD Holly Court City: Long Grove

State: IL Zip Code: 60047 Home Phone Number: 847-914-2500



Signature of president

State of ~~Nebraska~~ Illinois

County of Lake

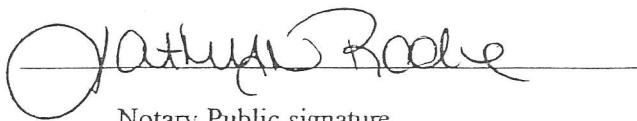
The foregoing instrument was acknowledged before me this

11/2/09

date

by Gregory D. Wasson

name of person acknowledged



Notary Public signature

Affix Seal Here

OFFICIAL SEAL

KATHRYN N RADKE

NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES: 11/05/12

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Wasson First Name: Gregory MI:

Social Security Numt _____ Date of Birth: _____

Title: President & CEO Number of Shares _____

Spouse Full Name (indicate N/A if single): Kimberly R. Wasson

Spouse Social Security Number: _____ Date of Birth: _____

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Signed
NOV 24 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

Spousal

Last Name: Wagner First Name: Mark MI: A

Social Security Number: _____ Date of Birth: _____

Title: Executive Vice President Number of Shares _____

Spouse Full Name (indicate N/A if single): Mimi Jung Wagner

Spouse Social Security Number: _____ Date of Birth: _____

Signed

Signed

Spousal

Last Name: Dubinsky First Name: Jason MI: M

Social Security Number: _____ Date of Birth: _____

Title: Treasurer Number of Shares _____

Spouse Full Name (indicate N/A if single): Jennifer Dubinsky

Spouse Social Security Number: _____ Date of Birth: _____

Signed

Signed

Spousal

Last Name: Kellen First Name: Margarita MI: E

Social Security Number: _____ Date of Birth: _____

Title: Assistant Secretary Number of Shares _____

Spouse Full Name (indicate N/A if single): Kevin Mathis Kellen

Spouse Social Security Number: _____ Date of Birth: _____

Signed

Signed

Spousal

Is the applying Corporation controlled by another Corporation?

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☐ YES

☒ NO

NOV 24 2009

If yes, provide the name of corporation and supply an organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: September 1, 2009 Ending Date: August 31, 2010

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: **WALGREEN CO.**
Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

Walgreens #02845

Premise Street Address:

5701 Village Drive

City:

Lincoln

Zip Code:

68516

Premise Phone Number:

402-421-7119

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Margarita Kellen

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Karins First Name: James MI: P

Home Address (include PO Box if applicable): 4601 Browning Ct.

City: Lincoln State: NE Zip Code: 68516

Home Phone Number: 402-421-6468 Business Phone Number: 402-464-4800

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Baltimore, Maryland

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Karins First Name: Melanie MI: L

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: West Palm Beach, FLA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

| CITY & STATE | YEAR FROM | TO | CITY & STATE | YEAR FROM | TO |
|--------------|--------------|------|--------------|--------------|------|
| Lincoln, NE | 2000 | 2009 | Lincoln, NE | 2000 | 2009 |
| Bullwin, MO | 1999 | 2000 | Bullwin, MO | 1999 | 2000 |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|------|------------------|--------------------|------------------|
| 1989 | 2009 | Walgreens | Jeff Brunten u | 612-722-8558 |
| | | | | |

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

NOV 24 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

| Date: | Where: |
|-------|--------|
| | |
| | |
| | |

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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NOV 24 2009

James P. Karins

Signature of Manager Applicant

Melanie L. Karins

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

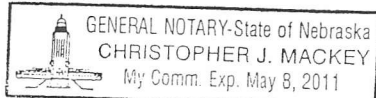
The foregoing instrument was acknowledged before me this Nov 10th 2009 by James P. Karins

Christopher J. Mackey
Notary Public signature

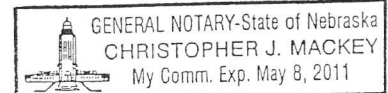
The foregoing instrument was acknowledged before me this Nov 10th 2009 by Melanie L. Karins

Christopher J. Mackey
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NOV 24 2009

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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Melanie L. Karins

Signature of spouse asking for waiver
(Spouse of individual listed below)

Melanie L. Karins

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

Nov 10th 2009

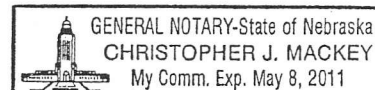
date

Christopher J. Mackey
Notary Public signature

The foregoing instrument was acknowledged before me this

by Melanie L. Karins
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

James P. Karins

Signature of individual involved with application
(Spouse of individual listed above)

James P. Karins

Printed name of applying individual

State of Nebraska

County of Lancaster

Nov 10th 2009

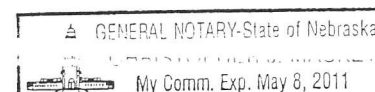
date

Christopher J. Mackey
Notary Public signature

The foregoing instrument was acknowledged before me this

by James P. Karins
name of person acknowledged

Affix Seal



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RECEIVED

NOV 2 4 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

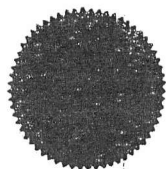
BALTIMORE CITY HEALTH DEPARTMENT
NOTIFICATION OF BIRTH REGISTRATION

*This certifies that there is on file in
the Bureau of Vital Records of the
Baltimore City Health Department
a record of the birth of*

NAME OF CHILD **James Patrick Karins**

DATE OF BIRTH

SEX **Male** File No. **65**



Robert E. Farber, M.D.
COMMISSIONER OF HEALTH
AND
REGISTRAR OF VITAL RECORDS

PLEASE SEE OTHER SIDE FOR RECORD OF INOCULATIONS



RECEIVED

NOV 24 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

WALGREEN CO. ("Walgreens") has operated retail drug stores since 1901. Walgreens and its wholly owned subsidiaries currently operate more than 7,000 stores in the continental United States and Puerto Rico. Walgreens holds an interest in thousands of liquor licenses in various jurisdictions and has held an interest in liquor licenses nationwide for over 30 years. At certain times, individual licenses have been subject to disciplinary action. Walgreens takes compliance with all local, state, and federal liquor laws very seriously and has various policies and employee training programs in place to encourage conformity with the law. Currently, no Walgreens liquor licenses are on suspension.